

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Free At Last PAC

ADDRESS (number and street)

PO Box 66243

☐ Check if different
than previously
reported. (ACC)

Washington

DC

20035

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00547117

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

04

01

2014

06

30

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Satterfield

Signature of Treasurer

David Satterfield

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Free At Last PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		128.55
(b) Cash on Hand at Beginning of Reporting Period.....	197.06	
(c) Total Receipts (from Line 19)	290.28	797.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	487.34	926.36
7. Total Disbursements (from Line 31)	380.99	820.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	106.35	106.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	19948.17	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Free At Last PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
04 / 01 / 2014

To:

M M / D D / Y Y Y Y Y
06 / 30 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

100.00

100.00

(ii) Unitemized

190.28

697.81

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

290.28

797.81

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

290.28

797.81

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

290.28

797.81

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

290.28

797.81

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	380.99	820.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	380.99	820.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	380.99	820.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	380.99	820.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	290.28	797.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	290.28	797.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	380.99	820.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	380.99	820.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Free At Last PAC

Full Name (Last, First, Middle Initial)

A. Darci Paschall

Mailing Address PSC 556 Bos 92

City State Zip Code
 FPO AP 96386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 14 2014

Transaction ID : SA11AI.5264

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Darci Paschall

Mailing Address PSC 556 Bos 92

City State Zip Code
 FPO AP 96386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 15 2014

Transaction ID : SA11AI.5265

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

100.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Free At Last PAC

A. Chase Cardmember Services

04 / 09 / 2014

Transaction ID : SB21B.5273

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. Chase Cardmember Services

Mailing Address P.O. Box 15153

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
Wilmington	DE	19886

Transaction ID : SB21B.5274

Purpose of Disbursement
Debt Repayment: Credit Card Payment

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	100%

Office Sought: <div style="display: flex; flex-direction: column; align-items: flex-start;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>	Disbursement For: <div style="display: flex; flex-direction: column; align-items: flex-start;"> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div>
State:	District:

Full Name (Last, First, Middle Initial)

C. Chase Cardmember Services

Mailing Address P.O. Box 15153

Date of Disbursement

City	State	Zip Code
Wilmington	DE	19886

Transaction ID : SB21B.5275

Purpose of Disbursement
Debt Repayment: Credit Card Payment

Amount of Each Disbursement this Period

Age Group	Number of People
13-17	122.00
18-24	10.00
25-34	20.00
35-44	20.00
45-54	20.00
55-64	15.00
65-74	15.00
75-84	15.00
85+	15.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....

367.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Free At Last PAC

Full Name (Last, First, Middle Initial)

A. Geisha

Mailing Address S Range Ave

City	State	Zip Code
Denham Springs	LA	70726

Purpose of Disbursement
Meals (See Tran ID: SB21B.5275)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SB21B.5287

Amount of Each Disbursement this Period

76.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Raising Cane's

Mailing Address 31685 Range Ave

City	State	Zip Code
Denham Springs	LA	70726

Purpose of Disbursement
Meals (See Tran ID: SB21B.5275)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SB21B.5283

Amount of Each Disbursement this Period

12.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Sheraton

Mailing Address 3315 Scott Futrell Dr

City	State	Zip Code
Charlotte	NC	28208

Purpose of Disbursement
Lodging (See Tran ID: SB21B.5273)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	09	/	2014

Transaction ID : SB21B.5278

Amount of Each Disbursement this Period

120.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Free At Last PAC

Full Name (Last, First, Middle Initial)

A. Sheraton

Mailing Address 3315 Scott Futrell Dr

City	State	Zip Code
Charlotte	NC	28208

Purpose of Disbursement
Lodging (See Tran ID: SB21B.5274)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB21B.5279

Amount of Each Disbursement this Period

125.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sheraton

Mailing Address 3315 Scott Futrell Dr

City	State	Zip Code
Charlotte	NC	28208

Purpose of Disbursement
Lodging (See Tran ID: SB21B.5275)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : SB21B.5280

Amount of Each Disbursement this Period

28.06

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address Various Locations

City	State	Zip Code
Baton Rouge	LA	70801

Purpose of Disbursement
Meals (See Tran ID: SB21B.5275)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : SB21B.5281

Amount of Each Disbursement this Period

5.37

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

367.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 10

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Free At Last PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Arent Fox LLP

Nature of Debt (Purpose):

Legal Fees

Mailing Address 1717 K Street NW

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

13263.44

Transaction ID : SD10.5253

Amount Incurred This Period

894.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

14157.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chase Cardmember Services

Nature of Debt (Purpose):

Credit Card Purchases

Mailing Address P.O. Box 15153

City State

Zip Code

Wilmington

DE

19886

Outstanding Balance Beginning This Period

5960.77

Transaction ID : SD10.5252

Amount Incurred This Period

196.46

Payment This Period

367.00

Outstanding Balance at Close of This Period

5790.23

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

19948.17

2) TOTALS This Period (last page this line number only)..... ►

19948.17

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

19948.17